

APPLICATION FOR STATE CERTIFICATION

Thank you for your interest in applying for state certification. Please take a look at the **Top 9 Tips** outlined below to help with completing your application for state certification:

1. Familiarize yourself with the certification requirements.

State Certification (W/MBE):

<http://apps.leg.wa.gov/WAC/default.aspx?cite=326-20>

<http://apps.leg.wa.gov/WAC/default.aspx?cite=326-02>

2. Get direct help with putting your application packet together. OMWBE offers free certification workshops for additional one-on-one assistance. See our workshop schedule for more information:
<http://omwbe.wa.gov/certification-training-workshops/>
3. Do not leave any area of the application blank. If an area does not apply to your business, indicate "N/A" in the space provided with a brief explanation. This also pertains to the Document Checklist - indicate "N/A" of what does not apply next to the appropriate line item.
4. Be specific when writing your proposed business description. Procurement officials and prime contractors search our online directory for key words related to the goods and services provided your firm. To familiarize yourself, here is the link to OMWBE's online directory: <http://omwbe.wa.gov/directory-of-certified-firms/>
5. Sign and notarize the Affidavit of Certification included in the application packet for each eligible owner. An "eligible owner" is an individual that satisfies eligibility based upon ethnicity or gender to qualify for disadvantaged status.
6. Copy the entire application packet, including all supporting documentation, for your records.
7. Submit a complete application and all required supporting documents on the Document Checklist.
<http://omwbe.wa.gov/certification/>
8. Be responsive to additional information requests. Check your email for correspondence. Our emails may be erroneously misrouted to your junk mail or spam folders. OMWBE has a 30 day pre-screen processing period. We will contact you within 30 days of application submission to inform you of any missing required documents to make your application complete. Allow 45 days for a determination to be made once all required documentation has been submitted for a State Certification application.
9. Contact us anytime. Visit our website, contact us by email, or call the office directly with any questions about the certification process, the application and/or the required supporting documents.

OMWBE is open Monday – Friday from 8:00 am – 5:00 pm

Phone Number: (360) 664-9750

Email: OMWBEreceptionist@omwbe.wa.gov

Office: 210 11th Avenue SW, Suite 401
Olympia, WA 98504

BUSINESS INFORMATION

This firm is applying for certification as a (choose one of the below):

- ☐ **MBE** Minority Business Enterprise (owned and controlled by at least one minority)
- ☐ **WBE** Women's Business Enterprise (owned and controlled by at least one non- minority woman)
- ☐ **MWBE** Minority Women's Business Enterprise (owned and controlled by at least one minority woman)
- ☐ **CBE** Combination Business Enterprise (50% owned and controlled by one minority man and 50% owned and controlled by one non-minority woman)
- ☐ **SEDBE** Socially and Economically Disadvantaged Business Enterprise (owned and controlled by a non-minority male, determined to be socially and economically disadvantaged on a case-by-case basis)

1. Has this firm or its owner previously applied to this office for certification? ☐ YES ☐ NO

If yes, under what name?: _____

2. Legal Business Name: _____

3. Trade Name (DBA): _____

4. Has this business operated under another name? ☐ YES ☐ NO

If yes, what was the name? _____

State: _____ Date/Years of Operation: _____ Status: _____

5. Is this business organized for profit? ☐ YES ☐ NO **If you answer No, your business cannot be certified.**



6. Employer ID Number (EIN): _____ - _____ (The 9-digit number on your federal tax return)
Please ensure the EIN provided is the same as the number utilized on the W-9 tax form you complete as a contractor. If you do not have an EIN, please write your social security number, as this will be the number that will be used for goal counting and tracking purposes.

7. Washington UBI Number: _____ - _____ - _____ Date Business Started: _____
 month / day / year

8. Is this business located at a residence? ☐ YES ☐ NO



Street Address

Apt/Unit#/Suite

County

City

State

Mailing / P.O. Box

City

State

☐ YES☐ NOPage 3 of 19
Revised 02/20/2016

OWNERSHIP INFORMATION

INSTRUCTIONS: This section must be completed by **each person who has ownership interest in this business**, whether or not they are actively involved in the business. **Please make enough copies of this section for all owners to complete.**

Owner #: 1

1. Owner First Name: _____ Owner Last Name: _____

2. Citizenship: ☐ U.S. Citizen ☐ Permanent Resident

3. Gender: ☐ Male ☐ Female

4. Race or Socially and economically disadvantaged status:

- ☐ Black ☐ Hispanic ☐ Asian American
☐ American Indian or Alaska Native ☐ Caucasian ☐ Other: _____

5. Owner's Professional and Specialty Licenses

Please list the license type, license number, and expiration date of all licenses held by the owner:

<i>License Type</i>	<i>License Number</i>	<i>Expiration Date</i>

6. Outside Employment

Does the owner have employment (part-time or full-time) outside of the applicant firm (this includes any time spent on other businesses owned)?

☐ YES ☐ NO

If yes, please confirm the weekly hours devoted to the applicant firm as well as any additional firms which you have employment and/or ownership interest:

<i>Employer</i>	<i>Ownership Interest</i>	<i>Weekly Hours</i>
Applicant Firm		

7. Percentage owned? _____%

8. Date acquired? _____

9. Initial Investment to acquire ownership:

Cash	Equipment	Real Estate	Other
\$	\$	\$	\$

10. How did you acquire this business?

- ☐ Started this business myself
 ☐ I inherited it from: _____
- ☐ Condition of a divorce settlement
 ☐ It was a gift from: _____
- ☐ Condition of a separate agreement
 ☐ Other: _____
- ☐ I bought it from: _____

11. The ownership was financially secured by the following: (provide documentation):

- ☐ Purchase agreement
 ☐ 401 K, IRA, or other retirement source
- ☐ Loan
 ☐ Personal Checking/Savings
- ☐ Promissory Note
 ☐ Other _____

12. Describe what the funds were used for (e.g. equipment, business licensing, bonding, etc.):

13. Marital Information

<input type="checkbox"/> Unmarried	<input type="checkbox"/> Domestic Partnership	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
	Date:	Date:	Date:	Date:

If you are married or in a domestic partnership, complete the following:

Spouse's First Name: _____ Spouse's Last Name: _____

Spouse's Citizenship: ☐ U.S. Citizen ☐ Permanent Resident

Spouse's Gender: ☐ Male ☐ Female

Spouse's Race or Socially and economically disadvantaged status:

- ☐ Black
 ☐ Hispanic
 ☐ Asian American
- ☐ American Indian or Alaska Native
 ☐ Caucasian
 ☐ Other: _____

14. Do you or your spouse have an ownership interest in any other business? ☐ YES ☐ NO

If yes, complete the following for each owner/owner's spouse and each additional business:

Owner's Name or Spouse's Name			
Name of Other Business			
Type of Business			
Relationship to applicant business			
Percentage of ownership	%	%	%
Is this business certified by OMWBE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

OWNERSHIP INFORMATION

INSTRUCTIONS: This section must be completed by **each person who has ownership interest in this business**, whether or not they are actively involved in the business. **Please make enough copies of this section for all owners to complete.**

Owner #: 2

1. Owner First Name: _____ Owner Last Name: _____

2. Citizenship: ☐ U.S. Citizen ☐ Permanent Resident

3. Gender: ☐ Male ☐ Female

4. Race or Socially and economically disadvantaged status:

- ☐ Black ☐ Hispanic ☐ Asian American
☐ American Indian or Alaska Native ☐ Caucasian ☐ Other: _____

5. Owner's Professional and Specialty Licenses

Please list the license type, license number, and expiration date of all licenses held by the owner:

<i>License Type</i>	<i>License Number</i>	<i>Expiration Date</i>

6. Outside Employment

Does the owner have employment (part-time or full-time) outside of the applicant firm (this includes any time spent on other businesses owned)?

☐ YES ☐ NO

If yes, please confirm the weekly hours devoted to the applicant firm as well as any additional firms which you have employment and/or ownership interest:

<i>Employer</i>	<i>Ownership Interest</i>	<i>Weekly Hours</i>
Applicant Firm		

7. Percentage owned? _____%

8. Date acquired? _____

9. Initial Investment to acquire ownership:

Cash	Equipment	Real Estate	Other
\$	\$	\$	\$

10. How did you acquire this business?

- ☐ Started this business myself
 ☐ I inherited it from: _____
- ☐ Condition of a divorce settlement
 ☐ It was a gift from: _____
- ☐ Condition of a separate agreement
 ☐ Other: _____
- ☐ I bought it from: _____

11. The ownership was financially secured by the following: (provide documentation):

- ☐ Purchase agreement
 ☐ 401 K, IRA, or other retirement source
- ☐ Loan
 ☐ Personal Checking/Savings
- ☐ Promissory Note
 ☐ Other _____

12. Describe what the funds were used for (e.g. equipment, business licensing, bonding, etc.):

13. Marital Information

<input type="checkbox"/> Unmarried	<input type="checkbox"/> Domestic Partnership	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
	Date:	Date:	Date:	Date:

If you are married or in a domestic partnership, complete the following:

Spouse's First Name: _____ Spouse's Last Name: _____

Spouse's Citizenship: ☐ U.S. Citizen ☐ Permanent Resident

Spouse's Gender: ☐ Male ☐ Female

Spouse's Race or Socially and economically disadvantaged status:

- ☐ Black
 ☐ Hispanic
 ☐ Asian American
- ☐ American Indian or Alaska Native
 ☐ Caucasian
 ☐ Other: _____

14. Do you or your spouse have an ownership interest in any other business? ☐ YES ☐ NO

If yes, complete the following for each owner/owner's spouse and each additional business:

Owner's Name or Spouse's Name			
Name of Other Business			
Type of Business			
Relationship to applicant business			
Percentage of ownership	%	%	%
Is this business certified by OMWBE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

OWNERSHIP INFORMATION

INSTRUCTIONS: This section must be completed by **each person who has ownership interest in this business**, whether or not they are actively involved in the business. **Please make enough copies of this section for all owners to complete.**

Owner #: _____

1. Owner First Name: _____ Owner Last Name: _____

2. Citizenship: ☐ U.S. Citizen ☐ Permanent Resident

3. Gender: ☐ Male ☐ Female

4. Race or Socially and economically disadvantaged status:

☐ Black ☐ Hispanic ☐ Asian American
☐ American Indian or Alaska Native ☐ Caucasian ☐ Other: _____

5. Owner's Professional and Specialty Licenses

Please list the license type, license number, and expiration date of all licenses held by the owner:

<i>License Type</i>	<i>License Number</i>	<i>Expiration Date</i>

6. Outside Employment

Does the owner have employment (part-time or full-time) outside of the applicant firm (this includes any time spent on other businesses owned)?

☐ YES ☐ NO

If yes, please confirm the weekly hours devoted to the applicant firm as well as any additional firms which you have employment and/or ownership interest:

<i>Employer</i>	<i>Ownership Interest</i>	<i>Weekly Hours</i>
Applicant Firm		

7. Percentage owned? _____%

8. Date acquired? _____

9. Initial Investment to acquire ownership:

Cash	Equipment	Real Estate	Other
\$	\$	\$	\$

10. How did you acquire this business?

- ☐ Started this business myself
 ☐ I inherited it from: _____
- ☐ Condition of a divorce settlement
 ☐ It was a gift from: _____
- ☐ Condition of a separate agreement
 ☐ Other: _____
- ☐ I bought it from: _____

11. The ownership was financially secured by the following: (provide documentation):

- ☐ Purchase agreement
 ☐ 401 K, IRA, or other retirement source
- ☐ Loan
 ☐ Personal Checking/Savings
- ☐ Promissory Note
 ☐ Other _____

12. Describe what the funds were used for (e.g. equipment, business licensing, bonding, etc.):

13. Marital Information

<input type="checkbox"/> Unmarried	<input type="checkbox"/> Domestic Partnership	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
	Date:	Date:	Date:	Date:

If you are married or in a domestic partnership, complete the following:

Spouse's First Name: _____ Spouse's Last Name: _____

Spouse's Citizenship: ☐ U.S. Citizen ☐ Permanent Resident

Spouse's Gender: ☐ Male ☐ Female

Spouse's Race or Socially and economically disadvantaged status:

- ☐ Black
 ☐ Hispanic
 ☐ Asian American
- ☐ American Indian or Alaska Native
 ☐ Caucasian
 ☐ Other: _____

14. Do you or your spouse have an ownership interest in any other business? ☐ YES ☐ NO

If yes, complete the following for each owner/owner's spouse and each additional business:

Owner's Name or Spouse's Name			
Name of Other Business			
Type of Business			
Relationship to applicant business			
Percentage of ownership	%	%	%
Is this business certified by OMWBE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

DUTIES OF OWNERS, OFFICERS, DIRECTORS, MANAGERS, AND KEY PERSONNEL

INSTRUCTIONS: Complete for **ALL** owners and non-owners who do anything listed below for the business. Make enough copies of this form to provide information on each and every applicable person. **Do not leave any questions blank.** Check ☒ the frequency of each person's involvement as follows:

- ☐ **A = Always**
☐ **F = Frequently**
☐ **S = Seldom**
☐ **N = Never**

Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Race: _____	Race: _____	Race: _____
Percent Owned: _____	Percent Owned: _____	Percent Owned: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Salary: \$ _____	Salary: \$ _____	Salary: \$ _____
Other Benefits \$ _____	Other Benefits \$ _____	Other Benefits \$ _____

Sets policy on company (direction/scope/financial)	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Bidding & Estimating	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Major purchasing decisions	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Marketing & sales	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Supervises field operations	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Office management	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Hires & fires management staff	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Designates profits spending or investment	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Obligates business by contract (e.g. credit/bond/insurance)	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Signs business checks	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N

Do any of the persons listed above perform a management or supervisory function for any other business?
If Yes, identify for each:

Person: _____

Business: _____

Title/Function: _____

Do any of the persons listed own or work for any other firms(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) If Yes, identify for each:

Firm Name: _____

Person: _____

Nature of Business Relationship: _____

NON-PARTICIPATION STATEMENT

This statement is to be completed **only** if the ownership of your firm is based on community/joint property.

We hereby affirm that:

- We are spouses/registered domestic partners whose ownership of the firm is based on community/joint property.
- Only the eligible spouse/registered domestic partner manages this firm.
- The owner's spouse/registered domestic partner does **not** participate in the management of this firm.
- We understand this statement is **not** a separate property agreement. This statement is utilized solely for certification purposes.

We understand that "participate in the management of this firm" is defined as performing duties and functions required by the business, including any of the following, but not limited to:

- Payment of the company's debts
- Estimating
- Marketing and sales
- Hiring and firing of management personnel
- Authorizing the purchase of major items or supplies
- Supervision of field operations
- Making company policies
- Designating how profits are spent
- Negotiating and obligating the business by contract
- Or is a Member, Director, or Officer

Owner's printed name

Spouse's/Registered Domestic Partner's printed name

Owner's signature

Spouse's/Registered Domestic Partner's signature

NOTARY CERTIFICATE

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20____ by _____

Signature of Notary Public

Title

Date Appointment Expires

AFFIDAVIT

This form must be signed and notarized for **each owner** upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I hereby swear or affirm the following:

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Minority/Woman/or Socially and Economically Disadvantaged Business Enterprise. In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (check ☒ all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Black American | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian Pacific American | <input type="checkbox"/> Subcontinent Asian American |
| <input type="checkbox"/> Other (specify) _____ | | |

I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Owner's signature: _____

Owner's Printed name: _____ Title: _____

NOTARY CERTIFICATE

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20____ by _____

Signature of Notary Public

Title

Date Appointment Expires

DECLARATION

*This form must be **signed and notarized for EACH owner**, whether or not they are actively involved in the business. Please make enough copies of this section for all owners to complete.*

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I HEREBY SWEAR OR AFFIRM THAT:

- All application statements I have provided to OMWBE are true and correct.
- This application packet is accurate, current and complete.
- OMWBE is authorized to contact any companies or individuals in order to verify my application information and accompanying documents.
- Other government agencies are authorized to furnish documents, verify information, and provide additional information to OMWBE concerning my application.
- I agree to provide written notice to the Office of Minority and Women's Business Enterprises (OMWBE) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.). Failure to provide such notice in a timely manner may lead to decertification.
- I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.
- I understand that false statements, omissions, or material misrepresentations will be grounds for denial as provided by applicable state law.
- I agree that this completed application and all supporting documentation become the property of OMWBE when submitted.
- I will provide additional requested information to OMWBE to determine my continued eligibility for certification.

I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Owner's printed name: _____ Owner's signature : _____

NOTARY CERTIFICATE

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20____ by _____

Signature of Notary Public

Title

Date Appointment Expires

DOCUMENT CHECKLIST

Thank you for completing this application. Unless otherwise noted, copies of the **documents listed below are required** and must be included in the application packet. If you do not have any part of the documentation requested below, provide a written statement explaining why.

For All Firms (check ☒ all that apply):

- ☐ Non-Participation Statement, if applicable.
- ☐ Prenuptial Agreement, Separation of Property Agreement or Transfer of Property Agreement, if applicable.
- ☐ Affidavit for all eligible owners (Notarized, Signed and dated).
 - Please include Affidavits for spouses who are eligible based on group membership (i.e. minority, female, socially and economically disadvantaged).
- ☐ Declaration for each owner (Notarized, Signed and dated).
 - Please include Declarations for spouses who are eligible based on group membership.
- ☐ State Driver's License AND birth certificate or US Passport/Passport Card or USA Certificate of Naturalization with photo or US Permanent Resident Card or WA State Enhanced Driver's License.
 - Please include relevant documents for spouses who are eligible based on group membership.
- ☐ Capitalization Documents-Please select the appropriate box and supply those documents:
 - ☐ The business was started within the last 7 years -Business Bank and/or Credit Card Statements or receipts showing business start-up costs that can be traced to a personal account for each owner claiming disadvantaged status.
 - Example: Copies of a personal bank statement with the eligible owner's name identified showing a withdraw of \$1,000 on 8/9/2014 and a corresponding business bank statement showing a deposit of \$1,000 on 8/9/2014.
 - Example: Copy of cancelled check (front and back) from the eligible owner to the business for \$500.
 - Example: Copies of receipts for licensing and equipment and the corresponding personal bank statement and/or credit card statements confirming withdraw.
 - ☐ I started the business with a Loan- Loan documents by a lending institution dated at the time of start-up and guaranteed by the eligible person.
 - ☐ The business was capitalized over 7 years ago -Please provide documented proof that confirms ongoing capital investment (e.g. bank statements, processed checks, receipts, loan or finance agreements) AND supportive documentation (e.g. bank statements for personal bank account owned by eligible owner) to show the source of those funds. In addition, provide a narrative regarding how the business was started to clarify how the eligible owner(s) used her/his independent funds to support the continued financing of the business.
- ☐ Copies of all signed credit/loan or finance agreements.

- ☐ Current resumes that shows types, dates and places of education and training received, dates, places, titles and duties of former and current employment. Include past and present ownership in any businesses. Resumes should be included for the following individuals:
- ☐ All Owners
 - ☐ All Spouses
 - ☐ Key Personnel (i.e. Supervisors, Managers, Individuals that provide an essential function for the business)
 - ☐ Board Members/LLC Members and Managers
- ☐ List of owned equipment and/or vehicles and documented proof of purchase and/or titles.
- Please note that equipment includes specialized software, computers, printers, etc.
- ☐ List of equipment leased and signed lease agreements, if applicable.
- ☐ Copies of signed property lease agreements or proof of ownership for office and/or yard space.
- If the business operates out of a home office owned by an eligible owner or their spouse, please mark on question #8 that the business operates at a residence. OWMBE will verify ownership via the county assessor. No additional documentation is required.
- ☐ Copies of contracts/bids/invoices to demonstrate scope of work performed (from the last 12 months but no more than 6 total).
- If the business does not have contracts/bids/invoices please provide documentation to support the scope of work performed by your firm. If you do not have any documentation please provide a narrative to describe the scope of services performed by the firm.
- ☐ Copies of current business license(s) and permits.
- ☐ Copies of professional and specialty licenses held by the owner(s).
- ☐ Copies of insurance policy agreements (e.g. commercial liability, errors and omissions, etc.), if applicable.
- ☐ Copy of Bonding documents, if applicable
- ☐ Business Federal Tax Returns – (Last 3 years of filed & signed IRS tax returns, including all pages, statements, and schedules.
- ☐ If business started less than one year ago, please provide a Balance Sheet and Income Statement (Profit & Loss) as well as your IRS Form SS-4.
 - If your firm does not maintain a Balance Sheet and/or Income Statement you only need to provide a copy of your SS-4.
 - IRS Form SS-4 verifies the Firm's EIN, If you do not have an EIN, please note your Social Security Number on question #6 of this application.
- ☐ Application Fee - Please select the firm's legal business structure below and enclose a check or money order with your application. Please make checks payable to OMWBE.
- ☐ Sole Proprietorship (\$50)
 - ☐ Partnership (\$75)
 - ☐ Limited Liability Company (\$100)
 - ☐ Corporation (\$100)

In addition to the above documents, for your business structure please include the following:

For Partnerships:

- ☐ Partnership Agreement and amendments.
- ☐ Meeting Minutes.

For Limited Liability Companies:

- ☐ Articles of Organization
- ☐ LLC Operating Agreement and Amendments, if available.
- ☐ Last three years of meeting minutes, if available.
- ☐ Stock certificates and ledger *if* stocks have been issued, if available.
- ☐ Secretary of State Certificate of Incorporation OR Secretary of State Certificate of Incorporation of foreign body authority (if firm is located outside of WA State.)

For Corporations:

- ☐ Articles of Incorporation
- ☐ Corporate bylaws and amendments. Please note bylaws are required for a corporation to obtain certification.
- ☐ Last three years of meeting minutes, if available.
- ☐ Stock certificates and ledger if stocks have been issued.
- ☐ Secretary of State Certificate of Incorporation OR Secretary of State Certificate of Incorporation of foreign body authority (if firm is located outside of WA State.)

Trucking Firms:

- ☐ Washington Utilities & Transportation Commission (WUTC) permits.
- ☐ Commercial Driver's License (CDL) for all drivers.
- ☐ Insurance Agreements for each truck owned or operated by firm.
- ☐ Title(s) and registration certificate(s) for each truck owned or operated by firm.

Please note: If OMWBE determines that any required documentation is missing from your application, rather than administratively closing or denying the application, the Office will contact your firm with an Additional Information Request utilizing the email and/or mailing address provided.

Reminder: Please include the non-refundable application fee and supporting documentation with your completed application and mail the package to:

**OMWBE
P.O. Box 41160
Olympia, WA 98504-1160**

**If you have any questions about the application or application process, please call us at (360) 664-9750.
OMWBE is open Monday – Friday from 8:00 am – 5:00 pm.**

Did you attend an OMWBE Certification Training Workshop?

☐ YES ☐ NO

If yes, what date? _____
month / day / year

For office use only:

Certification Workshop Sponsor: